

Bureau of Narcotics

Title 10 of New York State Rules and Regulations Part 80, §134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form).

Facility Name Humane Society of Westchester
Agent's Name Lee Anne Velen
Address 70 Portman Road
New Rochelle State NY Zip 10801 County Westchester
Telephone Number 914-632-2925
Bureau of Narcotic Enforcement Certificate Number 10026
DEA Number REDACTED

Quarter (1) (2) (3) (4) of year 2018
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	198	17
Total Amount Received	200	-0-
Total Amount Utilized	222	-0-
*Total Amount Lost	-0-	-0-
Ending Amount on Hand	124	17
Number of Dogs Euthanized	11	—
Number of Cats Euthanized	39	—
Other Species Euthanized (specify) Bird	13	—

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 7/6/18 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Vuffman
Signature of Agent

7-6-2018

Signature of Officer of Society or Facility

Date 7/1/18

Date 7/1/08

Date 7/1/08

Date 7/1/08

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204
(866) 811-7957

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form).

Facility Name Humane Society of Westchester
 Agent's Name Lee Anne Valley
 Address 70 Portman Road
New Rochelle State NY Zip 10801 County Westchester
 Telephone Number 914 632 2925
 Bureau of Narcotic Enforcement Certificate Number 10026
 DEA Number ██████████

Quarter 1 (1) (2) (3) (4) of year 2018
 Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	<u>3.24</u>	<u>17</u>
Total Amount Received	<u>-0-</u>	<u>-0-</u>
Total Amount Utilized	<u>178</u>	<u>-0-</u>
*Total Amount Lost	<u>-0-</u>	<u>-0-</u>
Ending Amount on Hand	<u>146</u>	<u>17</u>
Number of Dogs Euthanized	<u>17</u>	<u>-0-</u>
Number of Cats Euthanized	<u>29</u>	
Other Species Euthanized (specify) <u>rat, rabb.t, Bird</u>	<u>3</u>	<u>-0-</u>

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 4/4/18 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Lee Anne Valley
 Signature of Agent
4-4-18
 Date

Lee Anne Valley
 Signature of Officer of Society or Facility
4/4/18
 Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
 Riverview Center
 150 Broadway
 Albany, NY 12204
 (866) 811-7957

**NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Narcotic Enforcement**

NYS Department of Health

JAN 11 2018 Quarterly Controlled Substance Inventory Form for
Humane Societies

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form).

Facility Name Humane Society of Westchester

Agent's Name _____

Address 70 Portman Road
New Rochelle State NY Zip 10801 County Westchester

Telephone Number 914 632 2925

Bureau of Narcotic Enforcement Certificate Number 10026

DEA Number

Quarter (1) (2) (3) (4) of year 2017
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	502.5	17.0
Total Amount Received	178.5	0
Total Amount Utilized	178.5	0
*Total Amount Lost	0	0
Ending Amount on Hand	324	17.0
Number of Dogs Euthanized	14	0
Number of Cats Euthanized	52	0
Other Species Euthanized (specify)	0	0

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 11/3/08 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Jeffrey Valley
Signature of Agent


Signature of Officer of Society or Facility

Date

Date _____

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204
(866) 811-7957

OCT 23 2017

Bureau of Narcotic Enforcement
Title 10 of New York State Rules and Regulations, Part 300, Subpart 300.10, states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form).

Facility Name Humane Society of Westchester
Agent's Name _____
Address 70 Portman Road
New Rochelle State NY Zip 10605 County Westchester
Telephone Number 914-9632 2925
Bureau of Narcotic Enforcement Certificate Number 10026
DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2017
Circle correct quarter

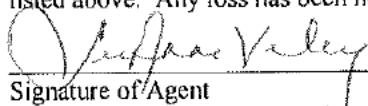
CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	<u>239-</u>	<u>17.0</u>
Total Amount Received	<u>300</u>	<u>0</u>
Total Amount Utilized	<u>236.5</u>	
*Total Amount Lost		
Ending Amount on Hand	<u>502.5</u>	<u>17.0</u>
Number of Dogs Euthanized	<u>13</u>	<u>0</u>
Number of Cats Euthanized	<u>41</u>	<u>0</u>
Other Species Euthanized (specify) <u>1 Bird 3 Squirrels 1 Rabbit</u>		

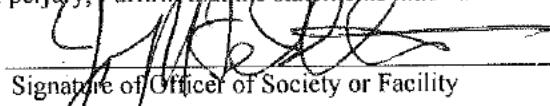
* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: [REDACTED]

Print Name: _____

To be completed by registered agent: I certify that on 1/1 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.


Signature of Agent
Jeffrey Valley
10-10-17


Signature of Officer or Facility
J. M. [Signature]
10-10-17

Date

Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204
(866) 811-7957

JUL 10 2017

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer of sufficient rank and include..." (the information requested by this form).

Facility Name Humane Society of Westchester

Agent's Name _____

Address 70 Portman Road

New Rochelle State NY Zip 10801 County Westchester

Telephone Number 914 - 632 - 2925

Bureau of Narcotic Enforcement Certificate Number 10026

DEA Number _____

Quarter (1) (2) (3) (4) of year 2017
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	503.50	18.5
Total Amount Received		0
Total Amount Utilized	266.50	1.5
*Total Amount Lost	—	—
Ending Amount on Hand	239.00	17.0
Number of Dogs Euthanized	15	1
Number of Cats Euthanized	59	
Other Species Euthanized (specify)	rabbit 3 chinchilla squirrel	

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 7/1/11 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

диски

Signature of Agent

7/7/17

Date

of perjury, I affirm that the statements made are true.
Jeffrey Valley, Treasurer
Signature of Officer of Society or Facility

Signature of Officer of Society or Facility

7-7-17

Date

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Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204
(866) 811-7957

NYS Department of Health

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Narcotic EnforcementAPR 21 2017 Quarterly Controlled Substance Inventory Form for
Humane Societies

Bureau of Narcotic Enforcement

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form).

Facility Name Humane Society of Westchester
 Agent's Name Joyce Holtz
 Address 70 Portman Road
New Rochelle State NY Zip 10801 County Westchester
 Telephone Number 914-632-2925
 Bureau of Narcotic Enforcement Certificate Number 10026
 DEA Number ██████████

Quarter Q (1) (2) (3) (4) of year 2017
 Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	<u>545.50</u>	<u>20.0</u>
Total Amount Received	<u>100 -</u>	<u>-0 -</u>
Total Amount Utilized	<u>140 -</u>	<u>1.5</u>
*Total Amount Lost	<u>-0 -</u>	<u>0</u>
Ending Amount on Hand	<u>505.50</u>	<u>18.5</u>
Number of Dogs Euthanized	<u>12</u>	<u>1</u>
Number of Cats Euthanized	<u>33</u>	<u>0</u>
Other Species Euthanized (specify)	<u>goose 1 rabbit 3 squirrel 13 hamster 1</u>	

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 4/10/17 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Joyce Holtz
 Signature of Agent
4/10/17
 Date

J. M. Holtz
 Signature of Officer of Society or Facility
4/10/17
 Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
 Riverview Center
 150 Broadway
 Albany, NY 12204
 (866) 811-7957

NYS Department of Health

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Narcotic Enforcement

JAN 09 2017 Quarterly Controlled Substance Inventory Form for
Humane Societies

Bureau of Narcotic Enforcement

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form).

Facility Name Humane Society of Westchester

Agent's Name Joyce Holtz

Address 70 Portman Road

New Rochelle State NY Zip 10801 County Westchester

Telephone Number 914 632 2925

Bureau of Narcotic Enforcement Certificate Number 10026

DEA Number _____

Quarter (1) (2) (3) (4) of year 2016
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	243	37 - 25.5
Total Amount Received	500	30 -
Total Amount Utilized	197.5	5.8
*Total Amount Lost	-0--	20.0
Ending Amount on Hand	545.50	20.0
Number of Dogs Euthanized	19	5
Number of Cats Euthanized	28	0
Other Species Euthanized (specify)	skunk-2 rat-1 bird-1	

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed:

Print Name: _____

To be completed by registered agent: I certify that on 1/14/17 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Signature of Agent

114 17

11911

Date

Signature of Officer of Society or Facility

• 100% H_2O

1/14/17

Date

Riverview Center
150 Broadway
Albany, NY 12204
(866) 811-7957

NYS Department of Health

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Narcotic Enforcement

OCT 17 2016

Quarterly Controlled Substance Inventory Form for Humane Societies

Bureau of Narcotic Enforcement

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form).

Facility Name Humane Society of Westchester

Agent's Name Joyce Holtz

Address 70 Portman Road

New Rochelle State M Zip 10801 County Westchester

Telephone Number 632-0100 Bureau of Narcotic Enforcement Certificate No. 12226

DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2016
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sud. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	429.50	37
Total Amount Received	-0-	-0-
Total Amount Utilized	186.5	11.5
*Total Amount Lost	-9-	-
Ending Amount on Hand	243	25.5
Number of Dogs Euthanized	15	7
Number of Cats Euthanized	33	-0-
Other Species Euthanized (specify)	1-mouse 1-Bird 1-squirrel	

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed:

Print Name: _____

To be completed by registered agent: I certify that on 10/12/16 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Joyce H. Cato
Signature of Agent

Signature of Agent

10/12/14
Date

Signature of Officer of Society or Facility

Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204
(866) 811-7957

JUL 13 2016

Quarterly Controlled Substance Inventory Form for
Bureau of Narcotic Enforcement
Humane Societies

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form).

Facility Name Humane Society of Westchester (New Rochelle)

Agent's Name _____

Address 70 Portman Road

New Rochelle State NY Zip 10605 County Westchester

Telephone Number 914 632 2925

Bureau of Narcotic Enforcement Certificate Number 10026

DEA Number ██████████

Quarter (1) (2) (3) (4) of year 2e16
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	<u>109.50</u>	<u>42</u>
Total Amount Received	<u>500</u>	<u>—</u>
Total Amount Utilized	<u>180</u>	<u>5</u>
*Total Amount Lost	<u>—</u>	<u>—</u>
Ending Amount on Hand	<u>429.50</u>	<u>37</u>
Number of Dogs Euthanized	<u>15</u>	<u>3</u>
Number of Cats Euthanized	<u>43</u>	<u>0</u>
Other Species Euthanized (specify)	<u>5</u>	<u>0</u>

Birds, chipmunk, rabbit, 2

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 7/2/16 conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Debra Valley
Signature of Agent

7/2/16
Date

Debra Valley, Treasurer, HSW
Signature of Officer of Society or Facility

7-7-16
Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204
(866) 811-7957

NYS Department of Health

APR 11 2016

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Narcotic Enforcement

Quarterly
Bureau of Narcotic Enforcement

**Quarterly Controlled Substance Inventory Form for
Enforcement Humane Societies**

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form).

Facility Name Humane Society of Westchester or New Rochelle Humane Soc
Agent's Name Joyce Holtz
Address 70 Portman Road
White PI New Rochelle State NY Zip 10801 County Westchester
Telephone Number 914 632 2925
Bureau of Narcotic Enforcement Certificate Number 10026
DEA Number XXXXXXXXXX

Quarter (1) (2) (3) (4) of year 2016
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	254	52
Total Amount Received	—	—
Total Amount Utilized	144.5	10
*Total Amount Lost	—	—
Ending Amount on Hand	109.50	42
Number of Dogs Euthanized	14	6
Number of Cats Euthanized	18	0
Other Species Euthanized (specify)	1 rabbit 1 rat 1 squirrel	0

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on ____/____/____ I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Joyce Holz
Signature of Agent
4/6/14

I, John Valley, a Notary Public in the State of California, do solemnly affirm and declare that the foregoing is true to the best of my knowledge and belief. I further declare that I have read the foregoing statement and that it is my own free and voluntary declaration.

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204
(866) 811-7957

JAN 11 2016

Quarterly Controlled Substance Inventory Form for
Humane Societies

Bureau of Narcotic Enforcement

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form).

Facility Name Humane Society of Westchester / New Rochelle HumaneAgent's Name Joyce HoltzAddress 70 Postman RoadNew Rochelle State NY Zip 10801 County WestchesterTelephone Number 914 632 2925Bureau of Narcotic Enforcement Certificate Number 10026DEA Number ██████████ 2015Quarter (1) (2) (3) (4) of year 2015
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	<u>474</u>	<u>12</u>
Total Amount Received	<u>0</u>	<u>50</u>
Total Amount Utilized	<u>220</u>	<u>10</u>
*Total Amount Lost	<u>0</u>	<u>-0 -</u>
Ending Amount on Hand	<u>254</u>	<u>52</u>
Number of Dogs Euthanized	<u>19</u>	<u>7</u>
Number of Cats Euthanized	<u>38</u>	<u>0</u>
Other Species Euthanized (specify)	<u>1 pigeon</u>	<u>0</u>

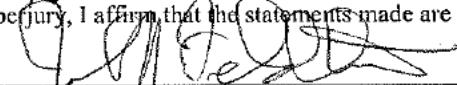
* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 1/15/16 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Joyce Holtz
Signature of Agent
1/15/16
Date


Signature of Officer of Society or Facility
1/15/16
Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204
(866) 811-7957

OCT 13 2015

Bureau of Narcotic Enforcement

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form).

Facility Name New Rochelle Humane SocietyAgent's Name Joyce H. H. 12Address 70 Portman RoadNew Rochelle State NY Zip 10801 County WestchesterTelephone Number 914 632 2925Bureau of Narcotic Enforcement Certificate Number 10026DEA Number [REDACTED]Quarter (1) (2) (3) (4) of year 2015
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	<u>172</u>	<u>30</u>
Total Amount Received	<u>500</u>	<u>0</u>
Total Amount Utilized	<u>198</u>	<u>18</u>
*Total Amount Lost	<u>74</u>	<u>0</u>
Ending Amount on Hand	<u>74</u>	<u>12</u>
Number of Dogs Euthanized	<u>16</u>	<u>9</u>
Number of Cats Euthanized	<u>34</u>	<u>0</u>
Other Species Euthanized (specify) <u>Rabbits 3</u>		

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 10/17/15 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Joyce H. H. 12
Signature of Agent

10/17/15
Date

J. M. DeBell
Signature of Officer of Society or Facility

10/8/15
Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204
(866) 811-7957